

Your first name and initial <b>JETHRO S.</b>		Last name <b>THURSTON</b>		OMB No. 1545-0074
If a joint return, spouse's first name and initial		Last name		Your social security number <b>- 0803</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>5187 MURFREESBORO RD</b>		Apt. no.		Spouse's social security number
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>LEBANON TN 37090-3709</b>		Foreign country name		Presidential Election Campaign Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign province/state/county		Foreign postal code		

**Filing status** Check only one box.

1 <input type="checkbox"/> Single	4 <input checked="" type="checkbox"/> Head of household (with qualifying person). (See instructions.)
2 <input type="checkbox"/> Married filing jointly (even if only one had income)	If the qualifying person is a child but not your dependent, enter this child's name here. ▶
3 <input type="checkbox"/> Married filing separately. Enter spouse's SSN above and full name here. ▶	5 <input type="checkbox"/> Qualifying widow(er) (see instructions)

**Exemptions**

6a ☒ **Yourself.** If someone can claim you as a dependent, **do not** check box 6a.

b ☐ **Spouse**

c Dependents:		(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if child under age 17 qualifying for child tax credit (see instructions)
(1) First name	Last name			
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

If more than six dependents, see instructions.

Boxes checked on 6a and 6b **1**

No. of children on 6c who:

- lived with you **0**
- did not live with you due to divorce or separation (see instructions) **0**

Dependents on 6c not entered above **0**

Add numbers on lines above ▶ **1**

d Total number of exemptions claimed.

**Income**

Attach Form(s) W-2 here. Also attach Form(s) 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

7	Wages, salaries, tips, etc. Attach Form(s) W-2.	7	91580
8a	Taxable interest. Attach Schedule B if required.	8a	
b	Tax-exempt interest. Do not include on line 8a.	8b	
9a	Ordinary dividends. Attach Schedule B if required.	9a	
b	Qualified dividends (see instructions).	9b	
10	Capital gain distributions (see instructions).	10	
11a	IRA distributions.	11a	
		11b Taxable amount (see instructions).	11b
12a	Pensions and annuities.	12a	
		12b Taxable amount (see instructions).	12b
13	Unemployment compensation and Alaska Permanent Fund dividends.	13	
14a	Social security benefits.	14a	
		14b Taxable amount (see instructions).	14b
15	Add lines 7 through 14b (far right column). This is your <b>total income.</b> ▶	15	91580

**Adjusted gross income**

16	Educator expenses (see instructions).	16	
17	IRA deduction (see instructions).	17	
18	Student loan interest deduction (see instructions).	18	
19	Tuition and fees. Attach Form 8917.	19	
20	Add lines 16 through 19. These are your <b>total adjustments.</b>	20	
21	Subtract line 20 from line 15. This is your <b>adjusted gross income.</b> ▶	21	91580

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

Form 1040A (2017)

QNA



<b>Tax, credits, and payments</b>	<b>22</b>	Enter the amount from line 21 (adjusted gross income).	22	91580
	<b>23a</b>	Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind</b> } <b>Total boxes checked ▶ 23a</b> <input type="checkbox"/>		
	<b>b</b>	If you are married filing separately and your spouse itemizes deductions, check here ▶ <b>23b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b> • People who check any box on line 23a or 23b or who can be claimed as a dependent, see instructions. • All others: Single or Married filing separately, \$6,350 Married filing jointly or Qualifying widow(er), \$12,700 Head of household, \$9,350	<b>24</b>	Enter your <b>standard deduction</b> .	24	9350
	<b>25</b>	Subtract line 24 from line 22. If line 24 is more than line 22, enter -0-.	25	82230
	<b>26</b>	<b>Exemptions.</b> Multiply \$4,050 by the number on line 6d.	26	4050
	<b>27</b>	Subtract line 26 from line 25. If line 26 is more than line 25, enter -0-.	27	78180
		This is your <b>taxable income</b> .		
	<b>28</b>	<b>Tax</b> , including any alternative minimum tax (see instructions).	28	13796
	<b>29</b>	Excess advance premium tax credit repayment. Attach Form 8962.	29	
	<b>30</b>	Add lines 28 and 29.	30	13796
	<b>31</b>	Credit for child and dependent care expenses. Attach Form 2441.	31	
	<b>32</b>	Credit for the elderly or the disabled. Attach Schedule R.	32	
	<b>33</b>	Education credits from Form 8863, line 19.	33	
	<b>34</b>	Retirement savings contributions credit. Attach Form 8880.	34	
	<b>35</b>	Child tax credit. Attach Schedule 8812, if required.	35	
	<b>36</b>	Add lines 31 through 35. These are your <b>total credits</b> .	36	
		<b>37</b>	Subtract line 36 from line 30. If line 36 is more than line 30, enter -0-.	37
	<b>38</b>	Health care: individual responsibility (see instructions). Full-year coverage <input checked="" type="checkbox"/>	38	
	<b>39</b>	Add line 37 and line 38. This is your <b>total tax</b> .	39	13796
	<b>40</b>	Federal income tax withheld from Forms W-2 and 1099.	40	9550
	<b>41</b>	2017 estimated tax payments and amount applied from 2016 return.	41	
If you have a qualifying child, attach Schedule EIC.	<b>42a</b>	<b>Earned income credit (EIC).</b>	42a	
	<b>b</b>	Nontaxable combat pay election.	42b	
	<b>43</b>	Additional child tax credit. Attach Schedule 8812.	43	
	<b>44</b>	American opportunity credit from Form 8863, line 8.	44	
	<b>45</b>	Net premium tax credit. Attach Form 8962.	45	
	<b>46</b>	Add lines 40, 41, 42a, 43, 44, and 45. These are your <b>total payments</b> .	46	9550
<b>Refund</b>  Direct deposit? See instructions and fill in 48b, 48c, and 48d or Form 8888.	<b>47</b>	If line 46 is more than line 39, subtract line 39 from line 46. This is the amount you <b>overpaid</b> .	47	
	<b>48a</b>	Amount of line 47 you want <b>refunded to you</b> . If Form 8888 is attached, check here ▶ <input type="checkbox"/>	48a	
	<b>b</b>	Routing number <input type="text" value="XXXXXX XXXX"/> ▶ <b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b>	Account number <input type="text" value="XXXXXXXXXXXXXXXXXXXX"/>		
	<b>49</b>	Amount of line 47 you want <b>applied to your 2018 estimated tax</b> .	49	
<b>Amount you owe</b>	<b>50</b>	<b>Amount you owe.</b> Subtract line 46 from line 39. For details on how to pay, see instructions.	50	4246
	<b>51</b>	Estimated tax penalty (see instructions).	51	
<b>Third party designee</b>  Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes</b> . Complete the following. <input type="checkbox"/> <b>No</b>	Designee's name ▶	Phone no. ▶	Personal identification number (PIN) ▶	<input type="text" value="XXXXXX"/>
	<div style="font-size: x-small;">           Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than the taxpayer) is based on all information of which the preparer has any knowledge.         </div>			
<b>Sign here</b>  Joint return? See instructions. Keep a copy for your records.	Your signature		Date	Daytime phone number
	Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation
<b>Paid preparer use only</b>	Print/Type preparer's name		Preparer's signature	Date
	Firm's name ▶		Check <input type="checkbox"/> if self-employed	
	Firm's address ▶		Firm's EIN ▶	
			Phone no.	



For the year Jan. 1–Dec. 31, 2017, or other tax year beginning , 2017, ending , 20 See separate instructions.

Your first name and initial **JENNIFER S** Last name **THURSTON** Your social security number **2 - 8042**

If a joint return, spouse's first name and initial Last name Spouse's social security number

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. **5187 MURFREESBORO RD** Make sure the SSN(s) above and on line 6c are correct.

City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). **LEBANON, TN 37090**

Foreign country name Foreign province/state/county Foreign postal code Presidential Election Campaign

**Filing Status** 1 ☐ Single 4 ☒ Head of household (with qualifying person). (See instructions.)  
2 ☐ Married filing jointly (even if only one had income) If the qualifying person is a child but not your dependent, enter this child's name here. **THOMAS G THURSTON**  
3 ☐ Married filing separately. Enter spouse's SSN above and full name here. **5** ☐ Qualifying widow(er) (see instructions)

**Exemptions** 6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a . . . . . } Boxes checked on 6a and 6b **1**  
b ☐ Spouse . . . . . } No. of children on 6c who:  
c Dependents: (1) First name Last name (2) Dependent's social security number (3) Dependent's relationship to you (4) ☒ if child under age 17 qualifying for child tax credit (see instructions)  
• lived with you **3**  
• did not live with you due to divorce or separation (see instructions) **0**  
Dependents on 6c not entered above **0**  
Add numbers on lines above **4**

**Income** 7 Wages, salaries, tips, etc. Attach Form(s) W-2 . . . . . **7** **28837**  
8a Taxable interest. Attach Schedule B if required . . . . . **8a**  
b Tax-exempt interest. Do not include on line 8a . . . . . **8b**  
9a Ordinary dividends. Attach Schedule B if required . . . . . **9a**  
b Qualified dividends . . . . . **9b**  
10 Taxable refunds, credits, or offsets of state and local income taxes . . . . . **10**  
11 Alimony received . . . . . **11**  
12 Business income or (loss). Attach Schedule C or C-EZ . . . . . **12**  
13 Capital gain or (loss). Attach Schedule D if required. If not required, check here ☐ **13**  
14 Other gains or (losses). Attach Form 4797 . . . . . **14**  
15a IRA distributions . . . . . **15a** b Taxable amount . . . . . **15b**  
16a Pensions and annuities . . . . . **16a** b Taxable amount . . . . . **16b** **832**  
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E . . . . . **17**  
18 Farm income or (loss). Attach Schedule F . . . . . **18**  
19 Unemployment compensation . . . . . **19**  
20a Social security benefits . . . . . **20a** b Taxable amount . . . . . **20b**  
21 Other income. List type and amount . . . . . **21**  
22 Combine the amounts in the far right column for lines 7 through 21. This is your total income **22** **29669**

**Adjusted Gross Income** 23 Educator expenses . . . . . **23**  
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ . . . . . **24**  
25 Health savings account deduction. Attach Form 8889 . . . . . **25**  
26 Moving expenses. Attach Form 3903 . . . . . **26**  
27 Deductible part of self-employment tax. Attach Schedule SE . . . . . **27**  
28 Self-employed SEP, SIMPLE, and qualified plans . . . . . **28**  
29 Self-employed health insurance deduction . . . . . **29**  
30 Penalty on early withdrawal of savings . . . . . **30**  
31a Alimony paid b Recipient's SSN **31a**  
32 IRA deduction . . . . . **32**  
33 Student loan interest deduction . . . . . **33**  
34 Tuition and fees. Attach Form 8917 . . . . . **34**  
35 Domestic production activities deduction. Attach Form 8903 . . . . . **35**  
36 Add lines 23 through 35 . . . . . **36**  
37 Subtract line 36 from line 22. This is your adjusted gross income **37** **29669**



<b>38</b>	Amount from line 37 (adjusted gross income)	<b>38</b>	29669
<b>Tax and Credits</b>	<b>39a</b> Check <input type="checkbox"/> <b>You</b> were born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> <b>Total boxes</b> <input type="checkbox"/> <b>0</b> if: <input type="checkbox"/> <b>Spouse</b> was born before January 2, 1953, <input type="checkbox"/> <b>Blind.</b> <b>checked</b> <b>39a</b> <b>b</b> If your spouse itemizes on a separate return or you were a dual-status alien, check here <b>39b</b> <input type="checkbox"/>		
<b>Standard Deduction for—</b>	<b>40</b> <b>Itemized deductions</b> (from Schedule A) or your <b>standard deduction</b> (see left margin)	<b>40</b>	9350
• People who check any box on line 39a or 39b or who can be claimed as a dependent, see instructions.	<b>41</b> Subtract line 40 from line 38	<b>41</b>	20319
• All others: Single or Married filing separately, \$6,350	<b>42</b> <b>Exemptions.</b> If line 38 is \$156,900 or less, multiply \$4,050 by the number on line 6d. Otherwise, see instructions	<b>42</b>	16200
Married filing jointly or Qualifying widow(er), \$12,700	<b>43</b> <b>Taxable income.</b> Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	<b>43</b>	4119
Head of household, \$9,350	<b>44</b> <b>Tax</b> (see instructions). Check if any from: <b>a</b> <input type="checkbox"/> Form(s) 8814 <b>b</b> <input type="checkbox"/> Form 4972 <b>c</b> <input type="checkbox"/>	<b>44</b>	413
	<b>45</b> <b>Alternative minimum tax</b> (see instructions). Attach Form 6251	<b>45</b>	
	<b>46</b> Excess advance premium tax credit repayment. Attach Form 8962	<b>46</b>	
	<b>47</b> Add lines 44, 45, and 46	<b>47</b>	413
	<b>48</b> Foreign tax credit. Attach Form 1116 if required	<b>48</b>	
	<b>49</b> Credit for child and dependent care expenses. Attach Form 2441	<b>49</b>	
	<b>50</b> Education credits from Form 8863, line 19	<b>50</b>	
	<b>51</b> Retirement savings contributions credit. Attach Form 8880	<b>51</b>	
	<b>52</b> Child tax credit. Attach Schedule 8812, if required	<b>52</b>	413
	<b>53</b> Residential energy credits. Attach Form 5695	<b>53</b>	
	<b>54</b> Other credits from Form: <b>a</b> <input type="checkbox"/> 3800 <b>b</b> <input type="checkbox"/> 8801 <b>c</b> <input type="checkbox"/>	<b>54</b>	
	<b>55</b> Add lines 48 through 54. These are your <b>total credits</b>	<b>55</b>	413
	<b>56</b> Subtract line 55 from line 47. If line 55 is more than line 47, enter -0-	<b>56</b>	0
<b>Other Taxes</b>	<b>57</b> Self-employment tax. Attach Schedule SE	<b>57</b>	
	<b>58</b> Unreported social security and Medicare tax from Form: <b>a</b> <input type="checkbox"/> 4137 <b>b</b> <input type="checkbox"/> 8919	<b>58</b>	
	<b>59</b> Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	<b>59</b>	83
	<b>60a</b> Household employment taxes from Schedule H	<b>60a</b>	
	<b>b</b> First-time homebuyer credit repayment. Attach Form 5405 if required	<b>60b</b>	67
	<b>61</b> Health care: individual responsibility (see instructions) Full-year coverage <input checked="" type="checkbox"/>	<b>61</b>	
	<b>62</b> Taxes from: <b>a</b> <input type="checkbox"/> Form 8959 <b>b</b> <input type="checkbox"/> Form 8960 <b>c</b> <input type="checkbox"/> Instructions; enter code(s)	<b>62</b>	
	<b>63</b> Add lines 56 through 62. This is your <b>total tax</b>	<b>63</b>	150
<b>Payments</b>	<b>64</b> Federal income tax withheld from Forms W-2 and 1099	<b>64</b>	2334
	<b>65</b> 2017 estimated tax payments and amount applied from 2016 return	<b>65</b>	
	<b>66a</b> <b>Earned income credit (EIC)</b>	<b>66a</b>	3931
	<b>b</b> Nontaxable combat pay election <b>66b</b>		
	<b>67</b> Additional child tax credit. Attach Schedule 8812	<b>67</b>	2587
	<b>68</b> American opportunity credit from Form 8863, line 8	<b>68</b>	
	<b>69</b> Net premium tax credit. Attach Form 8962	<b>69</b>	
	<b>70</b> Amount paid with request for extension to file	<b>70</b>	
	<b>71</b> Excess social security and tier 1 RRTA tax withheld	<b>71</b>	
	<b>72</b> Credit for federal tax on fuels. Attach Form 4136	<b>72</b>	
	<b>73</b> Credits from Form: <b>a</b> <input type="checkbox"/> 2439 <b>b</b> <input type="checkbox"/> Reserved <b>c</b> <input type="checkbox"/> 8885 <b>d</b> <input type="checkbox"/>	<b>73</b>	
	<b>74</b> Add lines 64, 65, 66a, and 67 through 73. These are your <b>total payments</b>	<b>74</b>	8852
<b>Refund</b>	<b>75</b> If line 74 is more than line 63, subtract line 63 from line 74. This is the amount you <b>overpaid</b>	<b>75</b>	8702
	<b>76a</b> Amount of line 75 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>76a</b>	8702
Direct deposit? See instructions.	<b>b</b> Routing number 1 2 4 3 0 3 1 2 0 <b>c</b> Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
	<b>d</b> Account number 2 0 1 2 1 1 0 7 6 2 2 0 5 8		
	<b>77</b> Amount of line 75 you want <b>applied to your 2018 estimated tax</b>	<b>77</b>	
<b>Amount You Owe</b>	<b>78</b> <b>Amount you owe.</b> Subtract line 74 from line 63. For details on how to pay, see instructions	<b>78</b>	
	<b>79</b> Estimated tax penalty (see instructions)	<b>79</b>	

<b>Third Party Designee</b>	Do you want to allow another person to discuss this return with the IRS (see instructions)? <input type="checkbox"/> <b>Yes.</b> Complete below. <input type="checkbox"/> <b>No</b>		
Designee's name	Phone no.	Personal identification number (PIN)	
<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and accurately list all amounts and sources of income I received during the tax year. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.		
Joint return? See instructions. Keep a copy for your records.	Your signature	Date	Your occupation
	Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation
	Print/Type preparer's name	Preparer's signature	Date
<b>Paid Preparer Use Only</b>	Firm's name	Firm's EIN	Phone no.
	Firm's address	Check <input type="checkbox"/> if self-employed	PTIN



Form	1040	Department of the Treasury—Internal Revenue Service	(99)	2018	OMB No. 1545-0074	IRS Use Only—Do not write or staple in this space.
<b>U.S. Individual Income Tax Return</b>						
Filing status: <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married filing jointly <input type="checkbox"/> Married filing separately <input type="checkbox"/> Head of household <input type="checkbox"/> Qualifying widow(er)						
Your first name and initial <b>JETHRO S</b>			Last name <b>THURSTON</b>		Your social security number <b>0803</b>	
Your standard deduction: <input type="checkbox"/> Someone can claim you as a dependent <input type="checkbox"/> You were born before January 2, 1954 <input type="checkbox"/> You are blind						
If joint return, spouse's first name and initial			Last name		Spouse's social security number	
Spouse standard deduction: <input type="checkbox"/> Someone can claim your spouse as a dependent <input type="checkbox"/> Spouse was born before January 2, 1954 <input type="checkbox"/> Spouse is blind <input type="checkbox"/> Spouse itemizes on a separate return or you were dual-status alien					<input checked="" type="checkbox"/> Full-year health care coverage or exempt (see inst.)	
Home address (number and street). If you have a P.O. box, see instructions. <b>5187 MURFREESBORO RD</b>					Apt. no.	Presidential Election Campaign (see inst.) <input type="checkbox"/> You <input type="checkbox"/> Spouse
City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. <b>LEBANON, TN 37090</b>					If more than four dependents, see inst. and <input checked="" type="checkbox"/> here ▶ <input type="checkbox"/>	
<b>Dependents (see instructions):</b>						
(1) First name		Last name	(2) Social security number	(3) Relationship to you	(4) <input checked="" type="checkbox"/> if qualifies for (see inst.):	
					Child tax credit    Credit for other dependents	
					<input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/> <input type="checkbox"/>	
					<input type="checkbox"/> <input type="checkbox"/>	
<b>Sign Here</b> Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.						
Joint return? See instructions. Keep a copy for your records.		Your signature		Date	Your occupation <b>HELP DESK MANAGER</b>	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
		Spouse's signature. If a joint return, <b>both</b> must sign.		Date	Spouse's occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.) <input type="text"/>
<b>Paid Preparer Use Only</b>		Preparer's name	Preparer's signature		PTIN	Firm's EIN
		Firm's name ▶		Phone no.		
		Firm's address ▶				
Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed						
For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions. <span style="float: right;">Form <b>1040</b> (2018)</span>						

1		Wages, salaries, tips, etc. Attach Form(s) W-2	2	89387
2a		Tax-exempt interest	2a	
3a		Qualified dividends	3a	
4a		IRAs, pensions, and annuities	4a	
5a		Social security benefits	5a	
6		Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22	6	89387
7		Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	89387
8		Standard deduction or itemized deductions (from Schedule A)	8	12000
9		Qualified business income deduction (see instructions)	9	
10		Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	77387
11		a Tax (see inst.) 12962 (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> )	11	12962
12		b Add any amount from Schedule 2 and check here <input type="checkbox"/>	12	
13		a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	13	12962
14		Subtract line 12 from line 11. If zero or less, enter -0-	14	0
15		Other taxes. Attach Schedule 4	15	12962
16		Total tax. Add lines 13 and 14	16	7150
17		Federal income tax withheld from Forms W-2 and 1099	17	
18		Refundable credits: a EIC (see inst.) b Sch. 8812 c Form 8863	18	7150
19		Add any amount from Schedule 5	19	
20a		Add lines 16 and 17. These are your total payments	20a	
21		If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	21	
22		Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	22	
23		a Routing number X X X X X X X X X X Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	23	
24		b Account number X X X X X X X X X X X X X X X X	24	
25		Amount of line 19 you want applied to your 2019 estimated tax	25	
26		Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	26	5812
27		Estimated tax penalty (see instructions)	27	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form **1040** (2018)

QNA



Filing status: ☐ Single ☐ Married filing jointly ☐ Married filing separately ☒ Head of household ☐ Qualifying widow(er)

Your first name and initial **JENNIFER S** Last name **THURSTON** Your social security number **8042**

Your standard deduction: ☐ Someone can claim you as a dependent ☐ You were born before January 2, 1954 ☐ You are blind

If joint return, spouse's first name and initial Last name Spouse's social security number

Spouse standard deduction: ☐ Someone can claim your spouse as a dependent ☐ Spouse was born before January 2, 1954 ☒ Full-year health care coverage or exempt (see inst.)  
☐ Spouse is blind ☐ Spouse itemizes on a separate return or you were dual-status alien

Home address (number and street). If you have a P.O. box, see instructions. Apt. no. Presidential Election Campaign (see inst.) ☐ You ☐ Spouse

**5187 MURFREESBORO RD**

City, town or post office, state, and ZIP code. If you have a foreign address, attach Schedule 6. If more than four dependents, see inst. and ✓ here ☐

**LEBANON, TN 37090**

Dependents (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see inst.):	
(1) First name	Last name			Child tax credit	Credit for other dependents
			SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Sign Here** Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return? See instructions. Keep a copy for your records. Your signature Date Your occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)   
 Spouse's signature. If a joint return, both must sign. Date Spouse's occupation If the IRS sent you an Identity Protection PIN, enter it here (see inst.)

**Paid Preparer Use Only** Preparer's name Preparer's signature PTIN Firm's EIN Check if:  
 Firm's name ▶ Phone no. ☐ 3rd Party Designee  
 Firm's address ▶ ☐ Self-employed

1		Wages, salaries, tips, etc. Attach Form(s) W-2	1	3150
2a		Tax-exempt interest	2b	
3a		Qualified dividends	3b	
4a		IRAs, pensions, and annuities	4b	
5a		Social security benefits	5b	
6		Total income. Add lines 1 through 5. Add any amount from Schedule 1, line 22 7425	6	10575
7		Adjusted gross income. If you have no adjustments to income, enter the amount from line 6; otherwise, subtract Schedule 1, line 36, from line 6	7	6221
8		Standard deduction or itemized deductions (from Schedule A)	8	32278
9		Qualified business income deduction (see instructions)	9	
10		Taxable income. Subtract lines 8 and 9 from line 7. If zero or less, enter -0-	10	0
11		a Tax (see inst.) (check if any from: 1 <input type="checkbox"/> Form(s) 8814 2 <input type="checkbox"/> Form 4972 3 <input type="checkbox"/> ) b Add any amount from Schedule 2 and check here <input type="checkbox"/>	11	
12		a Child tax credit/credit for other dependents b Add any amount from Schedule 3 and check here <input type="checkbox"/>	12	
13		Subtract line 12 from line 11. If zero or less, enter -0-	13	0
14		Other taxes. Attach Schedule 4	14	67
15		Total tax. Add lines 13 and 14	15	67
16		Federal income tax withheld from Forms W-2 and 1099	16	34
17		Refundable credits: a EIC (see inst.) 1429 b Sch. 8812 98 c Form 8863 Add any amount from Schedule 5	17	1527
18		Add lines 16 and 17. These are your total payments	18	1561
19		If line 18 is more than line 15, subtract line 15 from line 18. This is the amount you overpaid	19	1494
20a		Amount of line 19 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	20a	1494
b		Routing number ( ) c Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings		
d		Account number 0		
21		Amount of line 19 you want applied to your 2019 estimated tax	21	
22		Amount you owe. Subtract line 18 from line 15. For details on how to pay, see instructions	22	
23		Estimated tax penalty (see instructions)	23	

Attach Form(s) W-2. Also attach Form(s) W-2G and 1099-R if tax was withheld.

**Standard Deduction for—**  
• Single or married filing separately, \$12,000  
• Married filing jointly or Qualifying widow(er), \$24,000  
• Head of household, \$18,000  
• If you checked any box under Standard deduction, see instructions.

**Refund**

Direct deposit? See instructions.

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2018)

QNA



**Filing Status** ☐ Single ☒ Married filing jointly ☐ Married filing separately (MFS) ☐ Head of household (HOH) ☐ Qualifying widow(er) (QW)  
 Check only one box. If you checked the MFS box, enter the name of spouse. If you checked the HOH or QW box, enter the child's name if the qualifying person is a child but not your dependent. ▶

Your first name and middle initial <b>JETHRO S</b>		Last name <b>THURSTON</b>	Your social security number <b>-0803</b>
If joint return, spouse's first name and middle initial <b>JENNIFER L</b>		Last name <b>THURSTON</b>	Spouse's social security number <b>-8042</b>
Home address (number and street). If you have a P.O. box, see instructions. <b>5187 MURFREESBORO RD</b>			Apt. no.
City, town or post office, state, and ZIP code. If you have a foreign address, also complete spaces below (see instructions). <b>LEBANON, TN 37090</b>			<b>Presidential Election Campaign</b> Check here if you, or your spouse if filing jointly, want \$3 to go to this fund. Checking a box below will not change your tax or refund. <input type="checkbox"/> You <input type="checkbox"/> Spouse
Foreign country name		Foreign province/state/county	Foreign postal code
If more than four dependents, see instructions and ✓ here <input type="checkbox"/>			

**Standard Deduction** **Someone can claim:** ☐ You as a dependent ☐ Your spouse as a dependent  
☐ Spouse itemizes on a separate return or you were a dual-status alien

**Age/Blindness** **You:** ☐ Were born before January 2, 1955 ☐ Are blind **Spouse:** ☐ Was born before January 2, 1955 ☐ Is blind

<b>Dependents</b> (see instructions):		(2) Social security number	(3) Relationship to you	(4) ✓ if qualifies for (see instructions):	
(1) First name	Last name			Child tax credit	Credit for other dependents
			SON	<input type="checkbox"/>	<input checked="" type="checkbox"/>
			SON	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			DAUGHTER	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

**Standard Deduction for—**  
 • Single or Married filing separately, \$12,200  
 • Married filing jointly or Qualifying widow(er), \$24,400  
 • Head of household, \$18,350  
 • If you checked any box under Standard Deduction, see instructions.

<b>1</b> Wages, salaries, tips, etc. Attach Form(s) W-2	<b>1</b>	121791
<b>2a</b> Tax-exempt interest	<b>2a</b>	
<b>3a</b> Qualified dividends	<b>3a</b>	
<b>4a</b> IRA distributions	<b>4a</b>	
<b>c</b> Pensions and annuities	<b>4c</b>	
<b>5a</b> Social security benefits	<b>5a</b>	
<b>6</b> Capital gain or (loss). Attach Schedule D if required. If not required, check here	<b>6</b>	
<b>7a</b> Other income from Schedule 1, line 9	<b>7a</b>	2345
<b>b</b> Add lines 1, 2b, 3b, 4b, 4d, 5b, 6, and 7a. This is your <b>total income</b>	<b>7b</b>	124136
<b>8a</b> Adjustments to income from Schedule 1, line 22	<b>8a</b>	
<b>b</b> Subtract line 8a from line 7b. This is your <b>adjusted gross income</b>	<b>8b</b>	124136
<b>9</b> Standard deduction or itemized deductions (from Schedule A)	<b>9</b>	24400
<b>10</b> Qualified business income deduction. Attach Form 8995 or Form 8995-A	<b>10</b>	
<b>11a</b> Add lines 9 and 10	<b>11a</b>	24400
<b>b</b> Taxable income. Subtract line 11a from line 8b. If zero or less, enter -0-	<b>11b</b>	99736

For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see separate instructions.

QNA

Form **1040** (2019)

<b>12a</b>	<b>Tax</b> (see inst.) Check if any from Form(s): 1 <input type="checkbox"/> 8814 2 <input type="checkbox"/> 4972 3 <input type="checkbox"/>	<b>12a</b>	13657
<b>b</b>	Add Schedule 2, line 3, and line 12a and enter the total	<b>12b</b>	13657
<b>13a</b>	Child tax credit or credit for other dependents	<b>13a</b>	4500
<b>b</b>	Add Schedule 3, line 7, and line 13a and enter the total	<b>13b</b>	4500
<b>14</b>	Subtract line 13b from line 12b. If zero or less, enter -0-	<b>14</b>	9157
<b>15</b>	Other taxes, including self-employment tax, from Schedule 2, line 10	<b>15</b>	1126
<b>16</b>	Add lines 14 and 15. This is your <b>total tax</b>	<b>16</b>	10283
<b>17</b>	Federal income tax withheld from Forms W-2 and 1099	<b>17</b>	9796

• If you have a qualifying child, attach Sch. EIC.  
• If you have nontaxable combat pay, see instructions.

<b>18</b>	Other payments and refundable credits:		
<b>a</b>	Earned income credit (EIC)	<b>18a</b>	
<b>b</b>	Additional child tax credit. Attach Schedule 8812	<b>18b</b>	
<b>c</b>	American opportunity credit from Form 8863, line 8	<b>18c</b>	
<b>d</b>	Schedule 3, line 14	<b>18d</b>	
<b>e</b>	Add lines 18a through 18d. These are your <b>total other payments and refundable credits</b>	<b>18e</b>	
<b>19</b>	Add lines 17 and 18e. These are your <b>total payments</b>	<b>19</b>	9796

### Refund

Direct deposit?  
See instructions.

<b>20</b>	If line 19 is more than line 16, subtract line 16 from line 19. This is the amount you <b>overpaid</b>	<b>20</b>																					
<b>21a</b>	Amount of line 20 you want <b>refunded to you</b> . If Form 8888 is attached, check here <input type="checkbox"/>	<b>21a</b>																					
<b>b</b>	Routing number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	<b>c</b> Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>d</b>	Account number <table border="1"><tr><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td><td>X</td></tr></table>	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X		
X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X				
<b>22</b>	Amount of line 20 you want <b>applied to your 2020 estimated tax</b>	<b>22</b>																					

### Amount You Owe

<b>23</b>	<b>Amount you owe.</b> Subtract line 19 from line 16. For details on how to pay, see instructions	<b>23</b>	487
<b>24</b>	Estimated tax penalty (see instructions)	<b>24</b>	

### Third Party Designee

(Other than paid preparer)

Do you want to allow another person (other than your paid preparer) to discuss this return with the IRS? See instructions. ☐ **Yes.** Complete below. ☐ **No**

Designee's name	Phone no.	Personal identification number (PIN)

### Sign Here

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Joint return?  
See instructions. Keep a copy for your records.

Your signature	Date	Your occupation	If the IRS sent you an Identity Protection PIN, enter it here (see inst.)
Spouse's signature. If a joint return, <b>both</b> must sign.	Date	Spouse's occupation	If the IRS sent your spouse an Identity Protection PIN, enter it here (see inst.)

Phone no. (615) 202-6707 Email address JESSIE.THURSTON27@GMAIL.COM

### Paid Preparer Use Only

Preparer's name	Preparer's signature	Date	PTIN	Check if: <input type="checkbox"/> 3rd Party Designee <input type="checkbox"/> Self-employed
Firm's name		Phone no.		
Firm's address				
			Firm's EIN	

Go to [www.irs.gov/Form1040](http://www.irs.gov/Form1040) for instructions and the latest information.

Form 1040 (2019)

QNA